



# **Update Family Details (Photo) (By Employer)**

# Update Family Details – Photo



This document is made to record the process to update the family details – Photo.



- Services ▾
- Information ▾
- Announcement ▾

**New Update**

Tender

---

Re E-Tender for "Empanelment of Local Laboratory

**Trending on ESIC**

Employees' State Insurance Corporation  
**Home Delivery of drugs to ESI beneficiaries**  
Hassle-Free Medicine Delivery for Senior Citizen's Well-Being  
#MerajMerakartavya

Employees' State Insurance Corporation  
Ministry of Labour & Employment, Government of India

# ESI Scheme Benefits

**ESIC**  
A Promise to Your Well-being

**Quick Finder**

- Employer Login
- Insured Person / Beneficiary
- Insurance Medical Practitioner
- mEUD
- ESIC Staff / Pensioner
- Lawyer

Click on Employer Login



कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation  
(Ministry of Labour and Employment, Government of India)



श्रम एवं रोजगार मंत्रालय  
Ministry of Labour & Employment  
भारत सरकार (Government of India)

[Hindi](#)

No physical processing of paper is undertaken by ESIC for registration of Employer. If there is any complaint to the contrary, the same may be made on [help-shramsuvridha@gov.in](mailto:help-shramsuvridha@gov.in)

We Are Migrating To One Unit One Identifier

Government of India plans to do away with all employer codes being issued by separate labour enforcement agencies such as ESIC, EPFO, O/O CIC(C) and DGMS etc by replacing them with new Labour Identification Number (LIN). Your unit has already been allotted a LIN and the same can be obtained online using <http://tinyurl.com/whatismylin> Please verify the information associated with your LIN before the current employer codes are rendered useless. The procedure to verify the information is given in <http://tinyurl.com/shramsuvridhahowto> For any support please contact [help-shramsuvridha@gov.in](mailto:help-shramsuvridha@gov.in)

Enter the credentials and Captcha

Click on Login

### Employer Login

Username/LIN

Password

Captcha \*

[Sign Up](#) [Forgot password?](#)

**LOGIN**

[Username](#) [Check Password Policy](#)

**Common Registration Link For ESIC / EPFO**  
**Unified ECR link for ESIC/EPFO**





**Validation of e-mail ID and Mobile number is mandatory in April and October month from 01-04-2025 | The provision for updation/validation of emply suspended. A consultation note is being circulated for seeking comments.**

## EMPLOYER

- [Update Employer Details](#)
- [Create Subunit Registration](#)
- [Accident Report \(Form 12\)](#)
- [Accident Report Print / PDF Form](#)
- [Employer's Details Validation](#)
- [Wage Contributory Record](#)
- [Reply For Abstention Verification](#)
- [View Subunit Details](#)
- [Update NIC Code](#)
- [Change Password](#)
- [Employer Help files](#)

## EMPLOYEE (INSURED PERSON)

- [Enroll Employee with previously allotted ESI Number](#)
- [Register/Enroll New Employee](#)
- [Update Particulars of Insured Person](#)
- [Update Mobile Number of Insured Person](#)
- [Bulk Upload of Mobile Number](#)
- [Bulk Upload of Account Number](#)
- [Bulk Aadhaar Seeding](#)
- [Upload Bank Account related Document of Insured Person](#)
- [e-Pehchan Card](#)
- [List of Employees](#)
- [Health Passbook](#)
- [View Med11 Certificate](#)
- [Notification](#)
- [Employee UAN Seeding](#)
- [Edit Employee Workflow](#)

## MONTHLY CONTRIBUTION

- [Monthly Contributions](#)
- [Challan](#)
- [Challan](#)
- [ViewContributionHistory](#)
- [Omitted Wages Challan](#)
- [Contractor/Principal Employer Master](#)
- [IP Mapping with Contractor/Principal Employer](#)
- [Bulk IP Mapping with Contractor/Principal Employer](#)
- [View Contribution History\(Contractor/Principal Employer Wise\)](#)
- [Self Certification](#)
- [View RC](#)
- [Recovery/Defaulter Challan](#)
- [Updation of Unrealized Challan Details](#)
- [OnlineChallan Doubleverification](#)
- [Interest For Delay Payment!](#)
- [File Consolidated Monthly Contributions](#)
- [Consolidated Monthly Contribution Challan](#)

Click on Update particulars of Insured person

Click here to do Seed Aadhaar in Bulk

Enter IP No.



Insurance

Employer Login: 11001664850001018

Wed 14 Jan 2026, 11:59:32 AM

**View Registered Employee Details** \* Required Fields

**Search By**

Employer Unit Type :	Main Unit v	Employer's Code No. :	11001664850001018
Employee Insurance No. :		Employer's Name :	
Employee's Name :		<input type="checkbox"/> Only Disabled Persons IP	

# Enter IP No.



Employer Login: 11001664850001018

Wed 14 Jan 2026, 11:59:32 AM

**View Registered Employee Details** \* Required Fields

**Search By**

Employer Unit Type .:	Main Unit v	Employer's Code No. :	11001664850001018
Employee Insurance No. :	1116526480	Employer's Name :	
Employee's Name :		<input type="checkbox"/> Only Disabled Persons IP	

Enter IP No. then Click on Search Button

# Select IP No. then Click on Edit Button



Employer Login: 11001664850001018

Wed 14 Jan 2026, 12:02:37 PM

**View Registered Employee Details** \* Required Fields

**Search By**

Employer Unit Type .:	Main Unit ▾	Employer's Code No. :	11001664850001018
Employee Insurance No. :	1116526480	Employer's Name :	
Employee's Name :		<input type="checkbox"/> Only Disabled Persons IP	

**Details of Registered Employees**

Select	Employee's Insurance No.	Employee's Name	Employer's Code No.	Employer's Name	Date of Registration	Status Of IP
<input checked="" type="radio"/>	1116526480	Moola Sai Deekshith Reddy	11001664850001018	Live test employer	08/01/2024 11:50:35 AM	IP Alive

Total Number of Records:1

Select IP No. then Click on Edit Button



# Click on Family Details



**Employees Edit Form**  
 Insured Person Number: 1116526480  
 Please select details type to be edited

Dispensary Details     
  Personal Details     
  Address Details     
  Nominee Details     
  **Family Details**     
  Bank Details

**Employee Details**

Employee Name:	MOOLA SAI DEEKSHITH R	UHID Number :	DL 01.0008306549
Date of Birth :	10/07/1997	Registration Date :	/2024
Dispensary Name :	Live test IMP	Disability Type :	
Current Date of Appointment :	08/01/2025	First Date Of Appointment :	/2025



**Details of the Employer**

Current Employer		Previous Employer	
Employer's Code No.:	11001664850001018	Employer's Code No.:	
Date of Appointment:	08/01/2025	Previous Insurance No.:	
Name of the Employer:	Live test employer	Name of the Employer:	
Address :	345678	Address :	
State:	Delhi	State:*	---Please Select---
District:	New Delhi	District:	---Please Select---
SubDistrict:		SubDistrict:	
Village:		Village:	
Pin Code:	456789	Pin Code:	
Email	ankit.kumar@presto.co.in	Email	
Phone No.:	-	Phone No.:	-
Mobile No.:	91 9958394456	Mobile No.:	91 -
Have Previous Employer:	<input type="radio"/> Yes <input checked="" type="radio"/> No		

# Edit the Family Details



**Add Family Particulars Of Insured Person** \*Required Fields

Insured Person's Number : 1116526480

Active Family Details								
Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo
<a href="#">Edit</a>	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	<a href="#">View</a>
<a href="#">Edit</a>	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA

Click on Edit Button

**Add/Update Family P**

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:* Size 50-100 KB, Format JPG, JPEG	
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload Photo"/>
<b>Type of Proof:</b>		---Please Select---						
<b>Document Number1:</b>		<input type="text"/>						
<b>Proof of Evidence1:</b>		<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>					
		<small>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</small>						
<b>Type of Proof:</b>		---Please Select---						
<b>Document Number2:</b>		<input type="text"/>						
<b>Proof of Evidence2 :</b>		<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>					
		<small>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</small>						

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

# Upload Photo



## Add Family Particulars Of Insured Person

\*Required Fields

Insured Person's Number : 1116526480

### Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo
<a href="#">Edit</a>	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	<a href="#">View</a>
<a href="#">Edit</a>	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA

### Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:*
test son new updated	01/11/2025	Minor dependant son Male	<input type="radio"/> Yes <input checked="" type="radio"/> No	Andhra Pradesh	Anakapalli	Active	Upload Photo: Size 50-100 KB, Format JPG, JPEG <input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload Photo"/>
							4ebb7d36-a24c-446d-8db5-5e276f704b79WhatsApp Image 2026-01-14 at 12.11.10 PM.jpg <a href="#">Remove</a>
Type of Proof:	---Please Select---						
Document Number1:							
Proof of Evidence1:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>						
							<b>Note: Document type allowed pdf, jpg &amp; jpeg.</b>
							<b>Note: Max size of the documents should be 200KB.</b>
Type of Proof:	---Please Select---						
Document Number2:							
Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>						
							<b>Note: Document type allowed pdf, jpg &amp; jpeg.</b>
							<b>Note: Max size of the documents should be 200KB.</b>
							<input type="button" value="Update"/>

Choose File then Upload Photo

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*





# Enter Type of Proof, Document Number, Upload Evidence then Click on Update Button

## Add Family Particulars Of Insured Person

\*Required Fields

Insured Person's Number : 1116526480

### Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo
<a href="#">Edit</a>	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	<a href="#">View</a>
<a href="#">Edit</a>	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA

### Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:* Size 50-100 KB, Format JPG, JPEG
test son new updated	01/11/2025	Minor dependant son Male	<input type="radio"/> Yes <input checked="" type="radio"/> No	Andhra Pradesh	Anakapalli	Active	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload Photo"/> 4ebb7d36-a24c-446d-8db5-5e276f704b79WhatsApp Image 2026-01-14 at 12.11.10 PM.jpg <a href="#">Remove</a>

Type of Proof:	Others
Document Number1:	12345
Proof of Evidence1:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> 290b3529-6096-4a79-9c83-801b9d239595BSES Yamuna Power Limited_rec.pdf <a href="#">Remove</a> <small>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</small>
Type of Proof:	---Please Select---
Document Number2:	
Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <small>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</small>

Enter Details

Click on Update Button

Update

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

Note:-

- User need of Upload the soft copy of proof, which he selected in "Type of Proof"
- And Size should be upto 200 KB in JPG, JPEG and PDF Format only.



# Validate Photo then Click on Declaration Box and Submit

**Add Family Particulars Of Insured Person** \*Required Fields

Insured Person's Number : 1116526480

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo	Document1	Document2
<a href="#">Edit</a>	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	<a href="#">View</a>	NA	NA
<a href="#">Edit</a>	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	<a href="#">View</a>	<a href="#">View 12345</a>	NA

**Add/Update Family Particulars**

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Active	Upload Photo:*
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	<input type="checkbox"/>	Choose File No file chosen <input type="button" value="Upload Photo"/>

**Type of Proof:**

**Document Number1:**

**Proof of Evidence1:**  No file chosen

Note: Document type allowed pdf, jpg & jpeg.  
Note: Max size of the documents should be 200KB.

**Type of Proof:**

**Document Number2:**

**Proof of Evidence2 :**  No file chosen

Note: Document type allowed pdf, jpg & jpeg.  
Note: Max size of the documents should be 200KB.

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

View Photo & Document

Click on Submit

**Notes:**

- User can view the Photo by clicking on View Photo
- User need to validate the photo with attached document as Proof



# Reference Number Generated Successfully



## Add Family Particulars Of Insured Person

\*Required Fields

Insured Person's Number : 1116526480

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo	Document1	Document2
<a href="#">Edit</a>	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	<a href="#">View</a>	NA	NA
<a href="#">Edit</a>	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA	NA	NA

## Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:* Size 50-100 KB, Format JPG, JPEG	
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload Photo"/>
Type of Proof:		---Please Select---						
Document Number1:		<input type="text"/>						
Proof of Evidence1:		<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>					
Type of Proof:		---Please Select---						
Document Number2:		<input type="text"/>						
Proof of Evidence2 :		<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>					
<input type="button" value="Add"/>								

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

The reference number **112611402521** has been generated successfully and pending for approval.

Click on Close Button



# Verification By LDC/UDC

Version 1.0 Revised On : 14-01-2026



क र बी नि  
**ESIC**  
कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation

within 7 days" "2. Contact Administration Branch for any change in Cadre/ Designation."

## Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information while maintaining confidentiality and integrity of data.

## Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

## ESIC IT Service Desk Helpline



"For any IT related Issues Please contact IT Servi

Web Portal- [ithelpdesk](http://ithelpdesk)

Land Line Helpline no. 011-27552239 ( For ESIC Users)

Call to VoIP Helpline : 7001

Enter the User Credentials

Please Login with your credentials

User Name:

Password:

[Forgot Password](#)

Click on Log In

**Property Management Department**

ContractManager  
Primaveraweb  
DSRPRO

**Notes:** User can able to reset the Password using Forget Password link

# Application → Insurance



क र बी नि  
**ESIC**  
 कर्मचारी राज्य बीमा निगम  
 Employees' State Insurance Corporation 🧑 Welcome, TEST KUMAR

English (United States) हिंदी (भारत)



Home Applications ERP Applications Reports Analytics Change Password LOGOUT

**ESIC News**

- » Role of ESIC

**Announcements**

- » Annexure - IX .doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf

- Business Intelligence
- Document Management System
- Health Information System
- Insurance**
- Pehchan Reports

Click on Insurance

### Circulars

» Circulars from HQRS. Office

### Related Links

- » <http://esic.nic.in>
- » <http://india.gov.in>
- » <http://mohfw.nic.in>
- » <http://whoindia.org>
- » <http://esicdelhi.org.in>

» [know more](#)

### Industry News

» ESIC's PG institute from next year

### Reference Documents

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Read More >>

# Select User Location & Role



Location and Role Selection

User Location : BO-Ajmeri Gate(New Delhi) ▼

User Role : LDC/UDC at Branch Office ▼

Submit

Select the User Location and Role from dropdown

Click on Submit



# Registration → Edit Employee Details Workflow



 **ESIC**  
Employees' State Insurance Corporation

Insurance

User Login: ANKIT GUPTA 0

**My Work** | **Registration** | **Benefits** | **Revenue** | **Recovery** | **Others**

**REGISTRATION**

This section has the Navigations through all the Different Phases of Employee Registration.

- Edit Employee Details
- e-Pehchan Card
- Raise a Request for Loss Of ID
- Download Requested Card Status
- Search IP by Account /Mobile/UAN Number
- Edit Employee Details Workflow**
- Aadhaar Seeding for IP and Dependents
- Track Edit IP Pending Request
- Employer wise Aadhaar Report

**BENEFITS**

This section has the Navigations through all Medical and Cash Benefits.

**Click on Edit Employee Details Workflow**

# Click on Insured Person No.



**ESIC**  
Employees' State Insurance Corporation

Insurance

User Login: Wipro L Two

Wednesday, January, 14, 2026 12:20:13  
0



**My Work**

**Registration** ▼

**Benefits** ▼

**Revenue** ▼

**Recovery**

**Others** ▼

[Employee Task Details](#) > List of Tasks Pending for employee details

## Employee Details Tasks Pending For Approval

Search IP :

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	<a href="#">1116526480</a>	14/01/2026	Pending
2	<a href="#">111664450</a>	14/01/2026	Pending
3	<a href="#">1116669985</a>	14/01/2026	Pending
4	<a href="#">6936186902</a>	14/01/2026	Pending
5	<a href="#">201862</a>	14/01/2026	Pending
6	<a href="#">421712</a>	14/01/2026	Pending
7	<a href="#">201861</a>	14/01/2026	Pending
8	<a href="#">4109626579</a>	14/01/2026	Pending
9	<a href="#">1713987344</a>	14/01/2026	Pending
10	<a href="#">1116638001</a>	14/01/2026	Pending
11	<a href="#">1320313388</a>	14/01/2026	Pending
12	<a href="#">2810602639</a>	14/01/2026	Pending
13	<a href="#">1116478086</a>	03/06/2025	Pending

Click on IP No.



User Login: Wipro L Two

Wednesday, January, 14, 2026 12:21:17  
0



My Work

Registration

Benefits

Revenue

Recovery

Others

Employee > Employee IP Approval

## Employees Edit IP Approval

\* Required Fields

Insurance Number: 1116526480			
Insured Person Name:	MOOLA SAI DEEKSHITH REDDY	UHID Number :	DL01.0008306549
Date of Birth :	10/07/1997	Date of Registration:	08/01/2024
Employer Code No.:	11001664850001018	Employer Name:	LIVE TEST EMPLOYER
Select Type:	IP Details	First Date of Appointment:	08/01/2025

### Existing Particulars

### New Particulars

Personal Details: Reference ID		Personal Details: Reference ID	
Is IP Disabled:	No	Is IP Disabled:	
Type of Disability:	NA	Type of Disability:	
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	MOOLA SAI DEEKSHITH REDDY	Name / Name as per Aadhaar Records:	
Name of Guardian:	Moola Mahipal Reddy	Name of Guardian:	
Date of Birth:	10/07/1997	Date of Birth:	
Photo:	<a href="#">View Photo</a>	Photo:	<a href="#">View Photo</a>
Marital Status:	Un Married	Marital Status:	
Gender:	M	Gender:	
UAN Number:		UAN Number:	
Proof Type :		Proof Type 1:	
		Proof Type 2 :	
		Document 1:	
		Document 2:	
Address Details : Reference ID		Address Details : Reference ID	
Present Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Present Address :	
Permanent Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Permanent Address :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	
Dispensary Details : Reference ID		Dispensary Details : Reference ID	

**Notes:**  
 - User can view the Photo by clicking on View Photo  
 - User need to validate the photo with attached document as Proof



# Click on View Photo and Validate with Proof Document

**Dispensary Details** : Reference ID

For IP:  Dispensary  IMP  mEUD      Live test IMP       Dispensary  IMP  mEUD

For Family:  Dispensary  IMP  mEUD      Live test IMP       Dispensary  IMP  mEUD

**Nominee Details** : Reference ID

Name : sam      Name :  
 Relationship with I.P : Dependant father      Relationship with I.P :  
 Address of Nominee : 345678,demo,,Delhi,New Delhi,,      Address of Nominee :  
 Is Nominee a Family Member : Yes      Is Nominee a Family Member :  
 Proof Type :      Proof Type :  
 Document 1:      Document 1:  
 Document 2:      Document 2:

**Family Details** : Reference ID **112611402521**

Existing:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Record Type
test son new updated	08/09/2025	Minor dependant son	M	Yes	Delhi	East Delhi	Active	<a href="#">View</a>	Old Record
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	NA	Modified Record

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	<a href="#">View</a>	<a href="#">View</a> 12345	NA	Modified Record

Employer Remarks: \*

LDC/UDC Remarks: \*

BM Remarks:

I have examined the uploaded document. \*\* No document is required to be uploaded by employer in case of Aadhaar based change request.

[Forward to BM](#) [Cancel](#)

**Notes:**

- User can view the Photo by clicking on View Photo
- User need to validate the photo with attached document as Proof



# Enter Remarks then Click on Declaration Box and Forward to BM

### Dispensary Details : Reference ID

For IP: <input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	Live test IMP	<input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	
For Family: <input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	Live test IMP	<input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	

### Nominee Details : Reference ID

Name :	sam	Name :	
Relationship with I.P. :	Dependant father	Relationship with I.P. :	
Address of Nominee :	345678,demo,,Delhi,,New Delhi,,	Address of Nominee :	
Is Nominee a Family Member :	Yes	Is Nominee a Family Member :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	

### Family Details : Reference ID 112611402521

Existing:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Record Type
test son new updated	08/09/2025	Minor dependant son	M	Yes	Delhi	East Delhi	Active	<a href="#">View</a>	Old Record
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	<a href="#">View</a>	Modified Record

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	<a href="#">View</a>	<a href="#">View</a> 12345	NA	Modified Record

Employer Remarks: *	
LDC/UDC Remarks: *	test
BM Remarks:	

I have examined the uploaded document. \*\* No document is required to be up change request.

Enter Remarks

Forward to BM Cancel

Click on Checkbox and Forward to BM





# Approval By BM

Version 1.0 Revised On : 14-01-2026



क र बी नि  
ESIC  
कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation

within 7 days" "2. Contact Administration Branch for any change in Cadre/ Designation."

Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information while maintaining confidentiality and integrity of data.

Login Instructions



Please use your user credentials to Sign In.  
Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

ESIC IT Service Desk Helpline



"For any IT related Issues Please contact IT Servi

Web Portal- [ithelpdesk](http://ithelpdesk)  
Land Line Helpline no. 011-27552239 ( For ESIC Users)  
Call to VoIP Helpline : 7001

Enter the User Credentials

Please Login with your credentials

User Name:

Password:

[Forgot Password](#)

Click on Log In

Property Management Department

ContractManager  
Primaveraweb  
DSRPRO

# Application → Insurance



क र बी नि  
**ESIC**  
कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation Welcome, TEST KUMAR

English (United States) हिंदी (भारत)



Home Applications ERP Applications Reports Analytics Change Password LOGOUT

**ESIC News**

- » Role of ESIC

**Announcements**

- » Annexure - IX .doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf

- Business Intelligence
- Document Management System
- Health Information System
- Insurance**
- Pehchan Reports

Click on Insurance

### Circulars

» Circulars from HQRS. Office

### Related Links

- » <http://esic.nic.in>
- » <http://india.gov.in>
- » <http://mohfw.nic.in>
- » <http://whoindia.org>
- » <http://esicdelhi.org.in>

» [know more](#)

### Industry News

» ESIC's PG institute from next year

### Reference Documents

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Read More >>

# Select User Location & Role



Location and Role Selection

User Location :

User Role :

Submit

Select User Location and Role from dropdown

Click on Submit

# Registration → Edit Employee Details Workflow



ESIC  
Employees' State Insurance Corporation

Insurance

User Login: ANKIT GUPTA

0



My Work

Registration ▼

Benefits ▼

Revenue ▼

Recovery

Others ▼

## REGISTRATION

This section has the Navigations through Different Phases of Employee / Employer

- e-Pehchan Card
- Health Passbook
- Update Mobile Number of the Insured Person
- Search IP by Account /Mobile/UAN Number
- Edit Employee Details Workflow**
- Track Edit IP Pending Request
- Employer wise Aadhaar Report

Click on Edit Employee Details Workflow

## BENEFITS

This section has the Navigations through all Medical and Cash Benefits





# Click on Insured Person No.



- [My Work](#)
- [Registration](#)
- [Benefits](#)
- [Revenue](#)
- [Recovery](#)
- [Others](#)

[Employee Task Details](#) > List of Tasks Pending for employee details

### Employee Details Tasks Pending For Approval

Search IP :

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	<a href="#">1116526480</a>	14/01/2026	Pending
2	<a href="#">11166699</a>	14/01/2026	Pending
3	<a href="#">111655555</a>	14/01/2026	Pending
4	<a href="#">1116572583</a>	28/12/2025	Pending

Click on IP No.

# Go to Family Details then Click on View Photo and Validate with Proof Document



- My Work
- Registration
- Benefits
- Revenue
- Recovery
- Others

Employee > Employee IP Approval

## Employees Edit IP Approval \* Required Fields

Please select appropriate check box for approving the change

Insurance Number: 1116526480

Insured Person Name:	MOOLA SAI DEEKSHITH REDDY	UHID Number :	DL01.0008306549
Date of Birth :	10/07/1997	Date of Registration:	08/01/2024
Employer Code No.:	11001664850001018	Employer Name:	LIVE TEST EMPLOYER
Select Type:	IP Details	First Date of Appointment:	08/01/2025

### Existing Particulars

### New Particulars

<input type="checkbox"/> <b>Personal Details:</b> Reference ID		<input type="checkbox"/> <b>Address Details :</b> Reference ID	
Is IP Disabled:	No	Is IP Disabled:	
Type of Disability:	NA	Type of Disability:	
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	MOOLA SAI DEEKSHITH REDDY	Name / Name as per Aadhaar Records:	
Name of Guardian:	Moola Mahipal Reddy	Name of Guardian:	
Date of Birth:	10/07/1997	Date of Birth:	
Photo:	<a href="#">View Photo</a>	Photo:	<a href="#">View Photo</a>
Marital Status:	Un Married	Marital Status:	
Gender:	M	Gender:	
UAN Number:		UAN Number:	
Proof Type :		Proof Type 1:	
		Proof Type 2 :	
		Document 1:	
		Document 2:	
Present Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Present Address :	
Permanent Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Permanent Address :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	

**Notes:**

- User can view the Photo by clicking on View Photo
- User need to validate the photo with attached document as Proof



# Click on View Photo and Validate with Proof Document then Click on Declaration Checkbox and Approve

**Dispensary Details** : Reference ID

For IP: <input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	Live test IMP	<input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD
For Family: <input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	Live test IMP	<input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD

**Nominee Details** : Reference ID

Name :	sam	Name :	
Relationship with I.P. :	Dependant father	Relationship with I.P. :	
Address of Nominee :	345678,demo,,Delhi,,New Delhi,,	Address of Nominee :	
Is Nominee a Family Member :	Yes	Is Nominee a Family Member :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	

**Family Details** : Reference ID 112611402521

Existing:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type
test son new updated	08/09/2025	Minor dependant son	M	Yes	Delhi	East Delhi	Active	<a href="#">View</a>	NA	NA	Old Record
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	<a href="#">View</a>	12345	NA	Modified Record

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	<a href="#">View</a>	<a href="#">View</a> 12345	NA	Modified Record

Employer Remarks: *	<input type="text"/>
LDC/UDC Remarks:	test
BM Remarks: *	test

Enter Remarks

I have examined the uploaded document. \*\* No document is required to be uploaded by employer in case of Aadhaar based change request.

Note:  
 1: The competent authority in ESIC office shall use discretion on the basis of merit of the case either to approve line-item wise or in bulk by selecting checkboxes as appropriate.  
 2: Any subsequent changes in the Personal details and Family details of Insured Person will be forwarded to RO/SRO for approval. Other details will be approved at Branch Office level.

Approve Reject Cancel

Click on Checkbox and Approve



**Thank You**